## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/12/2015 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01, 02</b>			(X3) DATE SURVEY COMPLETED	
		155381	B. WING			1	⋜ 05/2015
NAME OF PROVIDER OR SUPPLIER  HARBOUR MANOR HEALTH & LIVING COMMUNITY				166	REET ADDRESS, CITY, STATE, ZIP CODE 67 SHERIDAN RD BLESVILLE, IN 46060	, 50.	00/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
{K 000}	INITIAL COMMENTS		{K 0	00}			
	Code Recertification was conducted by the of Health in accordant Survey Date: 03/05/2 Facility Number: 0000 Provider Number: 15 AIM Number: 10026 Surveyor: Phillip Kor Specialist  At this PSR survey, Harring Community was Requirements for Pai Medicare/Medicaid, 4 Life Safety from Fire National Fire Protectional Fire Protection Fire Protecti	1551 15381 17400 Insiski, Life Safety Code Idarbour Manor Health & Is found in compliance with Inticipation in Interest and the 2000 edition of the Interest and 1000					
	(111) construction and facility has a fire alarm detection in the corrict the corridor. Building hard wired to the fire resident sleeping roo	ne story facility of Type V d was fully sprinklered. The m system with smoke dors and in all areas open to 10102 has smoke detectors alarm system installed in all ms. The facility has a lad a census of 119 at the					
		ents have customary access					
LABORATORY	DIRECTOR'S OR PROVIDER/S	SUPPLIER REPRESENTATIVE'S SIGNATUR	E		TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued

program participation.

## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/12/2015 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G <b>01, 02</b>		(X3) DATE SURVEY COMPLETED	
		155381	B. WING			R / <b>05/2015</b>	
NAME OF PROVIDER OR SUPPLIER  HARBOUR MANOR HEALTH & LIVING COMMUNITY				STREET ADDRESS, CITY, STATE, ZIP CODE 1667 SHERIDAN RD NOBLESVILLE, IN 46060			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE	
9	garage providing facil was not sprinklered.	e facility has one detached ity storage services which nnis Austill, Life Safety	{K 00	00}			
{K 000}	A Post Survey Revisi Code Recertification S was conducted by the of Health in accordance Survey Date: 03/05/1 Facility Number: 000 Provider Number: 15 AIM Number: 100267 Surveyor: Phillip Kom Specialist  At this Life Safety Com Compliance with Requ Medicare/Medicaid, 4 Life Safety From Fire National Fire Protection Life Safety Code (LSG Building 0202 and Bu constructed Rehab Bu Chapter 18, New Heal This facility was surve buildings due to the consections of the building	t (PSR) to the Life Safety Survey conducted 01/20/15 Indiana State Department ce with 42 CFR 483.70(a).  5 551 5381 7400  Assiski, Life Safety Code  de survey, Harbour Manor nunity was found in uirements for Participation in 2 CFR Subpart 483.70(a), and the 2000 Edition of the on Association (NFPA) 101, C), and 410 IAC 16.2. ilding 0302, the newly uilding, were surveyed using Ith Care Occupancies.  eyed as three separate onstruction dates of three g. Building 0202 and cted in 2013, are each one	{K 00				

## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/12/2015 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING 01, 02			(X3) DATE SURVEY COMPLETED	
		155381	B. WING			R 02/05/2045	
NAME OF PROVIDER OR SUPPLIER  HARBOUR MANOR HEALTH & LIVING COMMUNITY				STREET ADDRESS, CITY, STATE, ZIP O 1667 SHERIDAN RD NOBLESVILLE, IN 46060	CODE	03/05/2015	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG	X (EACH CORRECTIVE ACT CROSS-REFERENCED TO	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
{K 000}	construction and fully consists of the Activit consists of the Rehal fire alarm system with corridors and in all ar Building 0302 has sm the fire alarm system sleeping rooms. The 135 and had a censul survey.  All areas where resid were sprinklered. The garage providing facil was not sprinklered.	r sprinklered. Building 0202 ies Room and Building 0302 b Building. The facility has a n smoke detection in the leas open to the corridor. hoke detectors hard wired to installed in all 40 resident facility has a capacity of s of 110 at the time of this ents have customary access e facility has one detached lity storage services which	{K 0	000}			